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Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN5489ADA		NVN5489ADA		B. WING		04/06/2010		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
NEW EDONTIED TOEATMENT CENTED				RIMES AVE N, NV 89406				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	E ACTION SHOULD BE O TO THE APPROPRIATE		
D 000	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 4/6/10. This State Licensure survey was conducted by the authority of NRS			D 000				
D 100 SS=D	449.150, Powers of the Health Division. The facility is licensed for 28 residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was 19. Ten client files and 12 employee files were reviewed. One discharged client file was reviewed. D 100 SS=D All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of		D 100					
	This Regulation is no NAC 441A.375 Media dependent and home care: Management of cases; surveillance a counseling and preve 441A.120) 1. A case having tube considered to have to	ot met as evidenced by: cal facilities, facilities for s for individual resident f cases and suspected and testing of employees entive treatment. (NRS erculosis or suspected of the dependent must be	r the tial s; case					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

FORM APPROVED Bureau of Health Care Quality and Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN5489ADA 04/06/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1490 GRIMES AVE **NEW FRONTIER TREATMENT CENTER FALLON, NV 89406** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 100 D 100 Continued From page 1 managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis

screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is

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Based on record review on 4/6/10, the facility did not ensure that 2 of 12 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB) - Employee #1 - no chest x-ray;

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NAME OF PR	OVIDER OR SUPPLIER	NVNOTOUADA	STREET ADD	L RESS, CITY, STA	ATE, ZIP CODE	1 04/0	0/2010	
NEW EDONTIED TREATMENT CENTER 1490 G			1490 GRIM FALLON, N					
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D 100	Continued From page 3			D 100				
	Employee # 8 - no evidence of physical examination.							
	Severity: 2 Scope: 1							
D 168 SS=D	NAC 449.135(6) Safety from fire			D 168				
33-1	6. A facility must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility for not less than 12 months after the drill is conducted. This Regulation is not met as evidenced by: Based on record review on 4/6/10, the facility failed to ensure that fire drills were conducted monthly during the past 2 of 12 months (January and March 2010).							
	Severity: 2 Scope: 1							
D 216 SS=D	NAC 449.141(8) Health Services			D 216				
00 B	8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.							
	NAC 441A.380 Admis medical facilities, faci homes for individual r respiratory isolation; I counseling and preve documentation. (NRS 1. Except as otherwis before admitting a pe	ntive treatment;	ain or j; on, y for					

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tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the

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5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home

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Based on record review on 4/6/10, the facility did

not ensure that 1 of 10 clients met the requirements of NAC 441A.380 concerning

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NEW FRONTIER TREATMENT CENTER				00 GRIMES AVE LLON, NV 89406					
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D 216	Continued From page 7			D 216					
	tuberculosis (TB) skir	testing - Resident #7.							
	Severity: 2 Scope: 1								
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adoppursuant thereto; (b) Obtain the necessary permits from the Buof Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year the date of the corrective action.			D 250					
			least n ort						
	Based on observation review on 4/06/10, the	ot met as evidenced by: n, interview, and record e facility failed to ensure the standards of NAC	e the						
	Findings Include:								
	1. Critical Violations:								
	a. The dishwasher w dishware at time of in	as not properly sanitizion spection.	ng						
	b. The kitchen was n sanitizer test strips (c	ot equipped with the pr hlorine) at time of	oper						

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toaster, and 2 microwaves.

Severity: 2 Scope: 3